



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM
RETIREE HEALTH FUNDSUBMIT COMPLETED
FORM TO YOUR AGENCY
HUMAN RESOURCES/
PAYROLL OFFICE

CO-1300 (Rev 7/2017)

EMPLOYEE INFORMATION	Last Name		First Name, Middle Initial	Employee Number
	Street Address			Job Record Number
	City, State, Zip Code			Social Security Number
	Is Employee healthcare-eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Dept. ID	Date of Hire
PRIOR SERVICE	List any prior State service during which Employee made Retiree Health Fund Contributions			
	Agency		From	To
Identify Contribution Type and use same one below: <input type="checkbox"/> OPEB <input type="checkbox"/> OPE2 <input type="checkbox"/> OTRS <input type="checkbox"/> OTR2				
Was refund of Retiree Health Fund Contributions issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see CO-1302				
DEDUCTION	<input type="checkbox"/> OPEB - 3% of compensation		Pay Period Start Date (Month/Date/Year) __ / __ / __	
	<input type="checkbox"/> OPE2 - 3% of compensation		Employer Share: <input type="checkbox"/> OPER 3% <input type="checkbox"/> OTER 1.75%	
	<input type="checkbox"/> OTRS - 1.75% of compensation (Teachers Retirement System Members)		Start Date: __ / __ / __	
	<input type="checkbox"/> OTR2 - 1.75% of compensation			
EMPLOYEE ACKNOWLEDGEMENT: I understand that completion of this form is for the purpose of monitoring my obligation to contribute to the Retiree Health Fund for a total of 10 years or until I retire, whichever comes first.				
Employee Signature			Date	
EXEMPTION	Is Exemption Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify reason below			
	<input type="checkbox"/> Exempt employee: <input type="checkbox"/> Adjunct <input type="checkbox"/> Not Healthcare-Eligible			
	<input type="checkbox"/> Not eligible for Retirement Plan participation			
	<input type="checkbox"/> Other retiree coverage - Attach signed Affidavit (CO-1303) and Waiver (CO-1304)			
<input type="checkbox"/> Employee has completed Retiree Health Fund contributions				
Authorized Agency Signature			Title	Date
Agency Contact (Print Name)			Agency Contact Telephone	Agency Contact Email

Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division,
55 Elm Street, Hartford, CT 06106.

CO-1300 OPEB ENROLLMENT